

**State of Rhode Island
OFFICE OF ACCOUNTS AND CONTROL**

IMPREST FUND APPLICATION

DATE: _____

TYPE OF REQUEST:

☐ *Establish* ☐ *Dissolve* ☐ *Increase* ☐ *Decrease*

Address: _____

Appropriation Account Number: _____

Type of Fund: _____

Person Accountable for Fund (Disbursing Officer): _____

Location of Fund: _____

Will the Imprest Fund be retained in a checking account? ☐ Yes ☐ No

Current Amount of Fund: \$ _____

Requested Amount of Fund: \$ _____ Increase (Decrease): \$ _____

SURVEY OF NEED

Express comments that will justify/explain request (or attach additional memorandum):

Signature of Department/Agency Director

Date

Tel. No.